DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/20/2014 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02 B. WING			(X3) DATE SURVEY COMPLETED R 08/18/2014		
		155651						
NAME OF PROVIDER OR SUPPLIER			1	STR	REET ADDRESS, CITY, STATE, ZIP CODE	1 00/	10/2014	
				651	S STATE ST			
HOMEVIEW CENTER OF FRANKLIN				FRANKLIN, IN 46131				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
{K 000}	INITIAL COMMENTS	3	{K 0	00}				
	INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 07/02/14 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 08/18/14 Facility Number: 000353 Provider Number: 155651 AIM Number: 100291330 Surveyor: Mark Caraher, Life Safety Code Specialist At this PSR survey, Homeview Center of Franklin was found in compliance with Requirements for Participation in Medicare, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The original building consisting of the 100, 200, 400 and 600 Halls was surveyed with Chapter 19 Existing Health Care Occupancies. This one story facility consists of two sections: the original building built in 1985 determined to be of Type V (111) construction was fully sprinklered, and the New Wing addition added to the south of the original building in 2005 is of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridor, in all areas open to the corridor and hard wired smoke detectors in resident sleeping rooms. The facility has a capacity of 115 and had a census of 105 at the time of this survey.							
LABORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{K 000}	were sprinklered. The building providing fac sprinklered. Quality Review by Ro	e 1 ents have customary access e facility has one detached ility services which was not obert Booher, Life Safety cal Surveyor on 08/19/14.	{K 0	00}			
{K 000}	A Post Survey Revisi Code Recertification a conducted on 07/02/1 Indiana State Departr accordance with 42 C Survey Date: 08/18/1 Facility Number: 000 Provider Number: 15 AIM Number: 10029 Surveyor: Mark Cara Specialist At this PSR survey, Hwas found in compliant Participation in Medic 483.70(a), Life Safety edition of the Nationa (NFPA) 101, Life Safety edition Room a Chapter 18, New Health This one story facility	t (PSR) to the Life Safety and State Licensure Survey 4 was conducted by the ment of Health in SFR 483.70(a). 14 353 5651 1330 her, Life Safety Code Iomeview Center of Franklin nce with Requirements for are, 42 CFR Subpart of from Fire and the 2000 I Fire Protection Association by Code (LSC) and 410 IAC will in 2005 and addition were surveyed with alth Care Occupancies. consists of two sections: the	{K 0	00)			
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